

महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक  
शिक्षण मंडळ व अधिनस्त विभागीय मंडळातील  
अधिकारी-कर्मचाऱ्यां साठी राष्ट्रीय निवृत्तीवेतन  
(NPS) योजनेची अंमलबजावणी करण्याची  
स्तर -१ कार्यपद्धती

**महाराष्ट्र शासन**  
**शालेय शिक्षण व क्रिडा विभाग**  
**शासन निर्णय क्रमांक : रानियो-०८२०/प्र.क्र.११८/ एसडी-२**  
मंत्रालय विस्तार भवन, मुंबई - ४०० ०३२.  
दिनांक :- २३ एप्रिल, २०२१

- संदर्भ:-** १. शासन निर्णय वित्त विभाग क्र. अंनियो१००५/१२६/सेवा-४, दि.३१/१०/२००५  
२. शासन निर्णय वित्त विभाग क्र.अंनियो-२०१४ /प्र.क्र.९६/सेवा -४ दि.२७/०८/२०१४  
३. शासन परिपत्रक वित्त विभाग क्र.संकीर्ण २०१७/प्र.क्र.६८/सेवा-४ दि.१०/०७/२०१७.

**प्रस्तावना :-**

संदर्भ क्र.१ येथील नमूद शासन निर्णयान्वये दि.०१ नोव्हेंबर, २००५ किंवा त्यानंतर नियुक्त होणाऱ्या कर्मचाऱ्यांसाठी राज्यात केंद्र शासनाच्या धर्तीवर परिभाषित अंशदान निवृत्तीवेतन योजना लागू करण्यात आली आहे. संदर्भ क्र.२ येथील आदेशान्वये राज्य शासन केंद्र शासनाच्या राष्ट्रीय निवृत्तीवेतन योजनेत सहभागी होईल असा निर्णय शासनाने घेतला आहे. त्यामुळे यापुढे परिभाषित अंशदान निवृत्तीवेतन योजनेचे नामकरण राष्ट्रीय निवृत्तीवेतन योजना (NPS) असे करण्यात आले आहे.

राष्ट्रीय निवृत्ती वेतन योजना ही केंद्र शासनाने नेमलेल्या निवृत्तीवेतन निधी विनियामक व विकास प्राधिकरण (PFRDA) यांनी ठरवून दिलेल्या मानकांप्रमाणे राज्य शासनाने अंमलबजावणी करणे बंधनकारक आहे. राज्य शासनाने या संदर्भात केंद्र शासनाने स्थापित केलेल्या राष्ट्रीय निवृत्तीवेतन योजना विश्वस्त मंडळ (NPS TRUST) यांच्या बरोबर तसेच केंद्रिय अभिलेख देखभाल अभिकरण (CRA) म्हणून मे.एन.एस.डी.एल. ई-गव्हर्नन्स इन्फ्रास्ट्रक्चर लिमिटेड (National Securities Depositories Limited E-Governance Infrastructure Limited) यांच्याशी सुद्धा दिनांक १०/१०/२०१४ रोजी करार केला आहे.

संदर्भ क्र. १ च्या शासन निर्णयान्वये मंडळामध्ये दि.०१ नोव्हेंबर, २००५ रोजी किंवा त्यानंतर नियुक्त झालेल्या महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळातील अधिकारी/कर्मचाऱ्यांसाठी परिभाषित अंशदान निवृत्तीवेतन योजना लागू करण्यात आली आहे.

राज्य मंडळ राष्ट्रीय निवृत्तीवेतन योजनेत वेळेत सहभागी न झाल्यामुळे मंडळाला परिभाषित अंशदान योजनेतर्गत अंशदानावरील व्याजाची रक्कम द्यावी लागत आहे व अनावश्यक आर्थिक भार सहन करावा लागत आहे. संदर्भ क्र.२ येथील आदेशान्वये राज्य शासन केंद्र शासनाच्या राष्ट्रीय निवृत्तीवेतन योजनेत सहभागी होईल असा निर्णय

शासनाने घेतलेला असल्याने संदर्भ क्र. ३ येथील शासन परिपत्रकान्वये दिलेल्या सूचनेच्या अनुषंगाने महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे व अधिनस्त नऊ विभागीय मंडळातील दि.०१/११/२००५ नंतर नियमित नियुक्त कर्मचाऱ्यांसाठी राष्ट्रीय निवृत्तीवेतन योजनेच्या स्तर-१ ची अंमलबजावणी करण्यासाठी आवश्यक ती कार्यपद्धती विहित करण्याची बाब शासनाच्या विचाराधीन होती.

**शासन निर्णय :-**

**१. परिभाषित अंशदान निवृत्तीवेतन योजना:-**

अ) दिनांक ०१ नोव्हेंबर, २००५ रोजी किंवा त्यानंतर राज्यातील महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे व अधिनस्त नऊ विभागीय मंडळाच्या सेवेत नियमित नियुक्त झालेले /होणारे सर्व मंडळ अधिकारी /कर्मचारी यांना परिभाषित अंशदान निवृत्तीवेतन योजना लागू होईल.

आ) संबंधित कर्मचाऱ्याची नियमित /मान्यताप्राप्त पद्धतीशिवाय इतर प्रकारे (उदा. कंत्राटी/ठेकेदारी पद्धतीने, विशिष्ट समिती कालावधीकरिता, एखाद्या प्रकल्पाकरिता किंवा इतर कोणत्याही अनियमित पद्धतीने) नियुक्ती झाली असल्यास अशा कर्मचाऱ्यास परिभाषित अंशदान निवृत्तीवेतन योजना लागू राहणार नाही. मंडळाच्या सेवेत नियुक्त होणाऱ्या प्रत्येक कर्मचाऱ्याची नियुक्ती विहित पद्धतीने, नियमित वेतनश्रेणी असणाऱ्या नियमित पदावर सक्षम प्राधिकाऱ्याच्या मान्यतेने झाली आहे याची खात्री करण्याची जबाबदारी संबंधित कार्यालय प्रमुख यांची राहिल.

इ) मंडळाने प्रत्येक संबंधित कर्मचाऱ्याचे नियुक्त झालेल्या दिनांकापासून कर्मचारी अंशदान आणि नियोक्त्याचे अंशदान आणि त्यावरील नियमानुसार व्याजाची रक्कम जमा करावी. या योजनेखाली जमा होणारी रक्कम मंडळाने स्वतंत्र बँक खाते उघडून त्यामध्ये जमा करण्यात यावी.

**२) राष्ट्रीय निवृत्तीवेतन योजना :-**

दिनांक ०१ नोव्हेंबर, २००५ रोजी किंवा त्यानंतर मंडळामध्ये नियुक्त आणि परिभाषित अंशदान निवृत्तीवेतन योजना लागू असणाऱ्या अधिकारी /कर्मचारी यांना राष्ट्रीय निवृत्तीवेतन योजना (NPS) लागू होईल.

या योजनेची अंमलबजावणी करण्याकरिता खालील कार्यपद्धतीचा अवलंब करण्यात यावा

अ) **केंद्रिय अभिलेख देखभाल अभिकरण:-** मे एन.एस.डी.एल ई-गव्हर्नन्स इन्फ्रास्ट्रक्चर लि. (National Securities Depositories Limited E-Governance Infrastructure Limited) हे केंद्रिय अभिलेख देखभाल अभिकरण म्हणून काम पाहील. राष्ट्रीय निवृत्तीवेतन योजनेतर्गत सर्व अधिकारी व कर्मचारी यांना कायम निवृत्तीवेतन लेखा क्रमांक देणे, जमा होणाऱ्या रक्कमाप्रित्यर्थचे अभिलेख जतन करणे, त्यांचे परिरक्षण करणे आणि या संदर्भात निवृत्तीवेतन निधी विनियामक व विकास प्राधिकरण (PFRDA) यांनी राष्ट्रीय निवृत्तीवेतन योजनेसंदर्भातील नेमून दिलेली इतर सर्व कामे पार पाडण्याची, त्याचप्रमाणे

राज्य शासनाशी केलेल्या करारातील अटी व शर्तीचे पालन करण्याची जबाबदारी केंद्रिय अभिलेख अभिकरण यांची राहिल .

आ)राज्य नोडल अधिकारी (SNO):-आयुक्त(शिक्षण), महाराष्ट्र राज्य यांना महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळाकरिता राज्य नोडल अधिकारी (SNO-State Nodal Officer)म्हणून घोषित करण्यात येत आहे.

इ) राज्य नियंत्रण अधिकारी (SCO):-महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळाच्या वतीने अध्यक्ष, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे हे राज्य नियंत्रण अधिकारी (SCO) म्हणून कामकाज पाहतील. केंद्रिय अभिलेख देखभाल अभिकरण यांच्याकडे राज्य नियंत्रण अधिकारी म्हणून नोंदणी करून घ्यावी. योजनेच्या अंमलबजावणीच्या अनुषंगाने वित्त विभागाच्या सल्ल्याने शालेय शिक्षण व क्रिडा विभागाने घेतलेले निर्णय राज्य नियंत्रण अधिकारी यांना बंधनकारक राहतील.

ई) डीटीए-(DTA):-सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे या योजनेसाठी डीटीए-(DTA) म्हणून काम पाहतील. केंद्रिय अभिलेख देखभाल अभिकरणास परिरक्षण शुल्क अदा करणे व योजनेची परिणामकारक अंमलबजावणी तसेच संनियंत्रण करणे ही जबाबदारी DTA यांची राहिल.

उ) डीटीओ (DTO):-सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे हे या योजनेसाठी डीटीओ म्हणून काम पाहतील. कपात केलेले अंशदान विश्वस्त बँकेकडे पाठविणे त्याबाबतचा तपशील केंद्रिय अभिलेख अभिकरणाकडे पाठविणे तसेच अंशदानासंबंधी येणाऱ्या तक्रारीचे निवारण करण्याची ही जबाबदारी (DTO ) यांची राहिल.

ऊ) आहरण व संवितरण अधिकारी (DDO)- सर्व संबंधित विभागीय मंडळाचे विभागीय सचिव, आणि राज्य मंडळाच्या बाबतीत सचिव, राज्य मंडळ हे आहरण व संवितरण अधिकारी म्हणून काम पाहतील. या योजनेची सदस्य नोंदणी करणे व सदस्यांच्या मासिक वेतनातून अंशदान कपात करण्याची जबाबदारी संबंधित आहरण व संवितरण अधिकारी यांची राहिल.

ओ) विश्वस्त बँक :-निवृत्ती वेतन निधी विनियामक व विकास प्राधिकरण (PFRDA) हे वेळोवेळी निश्चित करील अशी बँक ही या योजनेसाठी विश्वस्त बँक असेल.

औ) निधी व्यवस्थापक :- निवृत्तीवेतन निधी विनियामक व विकास प्राधिकरणाकडून (PFRDA) निधी व्यवस्थापकाची नियुक्ती केली जाईल.

३) केंद्रिय अभिलेख देखभाल अभिकरणाकडे नोंदणी :-महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळाने राष्ट्रीय निवृत्तीवेतन योजनेत सहभागी होण्यासाठी संमतीपत्र (Letter Of Consent ) व मास्टर क्रिएशन फॉर्म(Master Creation Form) केंद्रिय अभिलेख देखभाल अभिकरणास सादर करावे.

अ) सचिव, राज्य मंडळ, पुणे यांचे डीटीए (DTA) म्हणून नोंदणीकरण :-

सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांनी नमुना N-1 मध्ये आवश्यक माहिती भरून तो नमुना केंद्रिय अभिलेख देखभाल अभिकरणाकडे पाठवावा व डीटीए म्हणून नोंदणी करून घ्यावी.

आ) सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांचे डीटीओ म्हणून नोंदणीकरण :-

सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे, यांनी नमुना N-2 मध्ये आवश्यक माहिती भरून तो नमुना केंद्रिय अभिलेख देखभाल अभिकरणाकडे पाठवावा व डीटीओ(DTO) म्हणून नोंदणी करून घ्यावी . केंद्रिय अभिलेख देखभाल अभिकरणाकडे नोंदणी झाल्यानंतर त्यांच्याकडून प्राप्त होणारे सांकेतांक सुरक्षितरित्या जतन करून त्याच्या योग्य त्या वापराची जबाबदारी सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांची राहिल.

इ) आहरण व संवितरण अधिकाऱ्याचे नोंदणीकरण :- (DDO)

सर्व आहरण व संवितरण अधिकाऱ्यांनी N-3 नमुन्यात आवश्यक माहिती भरून ती सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांचेमार्फत केंद्रिय अभिलेख देखभाल अभिकरण यांच्याकडे नोंदणी करण्याकरिता पाठवावी व आहरण व संवितरण अधिकारी (DDO) म्हणून नोंदणी झाल्यानंतर त्यांच्याकडून प्राप्त होणारे सांकेतांक सुरक्षितरित्या जतन करून त्याच्या योग्य त्या वापराची जबाबदारी संबंधित आहरण व संवितरण अधिकारी यांची राहिल.

४) वर्गणीदार अधिकारी/कर्मचाऱ्यांची राष्ट्रीय निवृत्तीवेतन योजनेत नोंदणी -

अ) नमुना सीएसआरएफ-१ (CSRF-1/OPGM )निवृत्तीवेतन निधी विनियामक व विकास प्राधिकरणाने (PFRDA) ठरवून दिलेल्या नमुन्यात प्रत्येक कर्मचाऱ्याची माहिती भरावी.

आ) सीएसआरएफ-१ (CSRF-1 /OPGM) नमुन्याच्या तीन प्रती योग्य ठिकाणी कर्मचाऱ्याचे छायाचित्र चिकटवून त्यावर कर्मचाऱ्याची स्वाक्षरी घेवून आहरण व संवितरण अधिकाऱ्याने त्यापैकी एक प्रत त्यांच्या अभिलेख्यामध्ये कार्यालयीन प्रत म्हणून जतन करून ठेवावी. व उर्वरित दोन प्रती सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांचेकडे पाठवाव्यात. सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांनी त्यापैकी एक प्रत कार्यालयाच्या अभिलेख्यात जतन करून ठेवावी आणि एक प्रत केंद्रिय अभिलेख देखभाल अभिकरणाकडे पाठवावी. सदर अर्ज सादर करताना त्यासोबत कर्मचाऱ्यांची नावे व त्यांचा परिभाषित अंशदान निवृत्तीवेतन योजना क्रमांक (DCPS) असलेली यादी सोबत जोडावी.

इ)सर्व अर्ज यादीसह केंद्रिय अभिलेख देखभाल अभिकरणाकडे निवृत्तीवेतन निधी विनियामक व विकास प्राधिकरणाने (PFRDA) विहित केलेला नमुना एस-५ (जोडपत्र-२ ) पत्रासोबत पाठवावे. आहरण व संवितरण अधिकाऱ्यांनी सदरचे अर्ज व

यादी सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांचेमार्फत पाठविणे आवश्यक आहे. सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांनी या संदर्भातील करण्यात यावयाच्या पत्रव्यवहाराची एक प्रत त्याचे अभिलेखात जतन करून ठेवावी. आहरण व संवितरण अधिकाऱ्यांनी त्यांच्याकडे जमा होणाऱ्या सीएसआरएफ-१ /OPGM नमुन्यातील अर्ज जसजसे प्राप्त होतील तसतसे सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांचेकडे पाठवावेत. सर्व अधिकारी /कर्मचाऱ्यांचे अर्ज प्राप्त होईपर्यंत थांबू नये. सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांनी सुद्धा आहरण व संवितरण अधिकाऱ्यांकडून सर्व अर्ज प्राप्त होण्याची वाट न पाहता त्याचेकडे प्राप्त झालेले अर्ज केंद्रिय अभिलेख देखभाल अभिकरणाकडे पाठवावेत. केंद्रिय अभिलेख देखभाल अभिकरणाकडून अशा सर्व कर्मचाऱ्यांना कायम निवृत्तीवेतन खाते क्रमांक (Permanent Retirement Account Number -PRAN ) देण्यात येईल.

५) केंद्रिय अभिलेख देखभाल अभिकरणाने कर्मचाऱ्याला कायम निवृत्तीवेतन खाते क्रमांक (Permanent Retirement Account Number -PRAN ) देणे:-

वरीलप्रमाणे कर्मचाऱ्यांची माहिती नमुना सीएसआरएफ-१ (CSRF-1/OPGM ) मध्ये प्राप्त झाल्यानंतर प्रत्येक कर्मचाऱ्याला एक कायम निवृत्तीवेतन खाते क्रमांक (PRAN) देण्यात येईल. त्याचप्रमाणे प्रत्येक कर्मचाऱ्याला एक कायम निवृत्तीवेतन खाते क्रमांक (PRAN) किट दिले जाईल. PRAN No. व PRAN Kit कर्मचाऱ्याच्या संबंधित आहरण व संवितरण अधिकाऱ्यांना पाठविण्यात येईल. संबंधित आहरण व संवितरण अधिकाऱ्यांनी व PRAN Kit सर्व संबंधित कर्मचाऱ्यांना वितरित करावीत. प्रत्येक कर्मचाऱ्याने व PRAN Kit वरील तपशीलाची खात्री करावी. त्यातील माहितीची अचूकता तपासावी.तसेच T-Pin (Telephonic Personal Identification Number) व I-Pin (Internet Personal Identification Number ) उपलब्ध असल्याबाबत खात्री करावी. त्यासंदर्भात काही अडचणी असल्यास अशा कर्मचाऱ्यांनी केंद्रिय अभिलेख देखभाल अभिकरण कक्षाशी थेट संपर्क साधावा. कर्मचाऱ्यांकडून व PRAN Kit हरवल्यास अथवा कर्मचाऱ्याच्या चुकीमुळे व PRAN Kit वरील तपशील चुकीचा असल्यास दुबार प्रान किटचे शुल्क हे कर्मचाऱ्याकडून अथवा ज्याच्या मुळे तपशीलात चूक झाली त्या संबंधितांकडून वसूल केले जाईल. इतर प्रशासकीय प्रकरणाच्या बाबतीत मंडळ राज्य शासनाने केलेल्या कराराप्रमाणे शुल्क केंद्रिय अभिलेख देखभाल अभिकरणास वित्त विभागाने ठरविलेल्या दराप्रमाणे अदा करेल.

६. मासिक अंशदान वसुली:- राष्ट्रीय निवृत्तीवेतन योजनेखालील कर्मचाऱ्यांच्या अंशदानाची वसुली आणि त्यावरील नियोक्त्याची विहित अंशदानाची रक्कम आहरित करण्याबाबतची कार्यवाही वेतन देयकातून एकाच वेळी करण्यात यावी. ज्या लेखाशीर्षमधून संबंधित कर्मचाऱ्याचे वेतन आहरित केले जाते. त्याच लेखाशीर्षमधून नियोक्त्याचे विहित अंशदान आहरीत करण्यात यावे. तसेच दोन्ही प्रकारच्या

अंशदानाची रक्कम व तपशील दर्शविणारी आवश्यक ती अनुसूची वेतन देयकासोबत जोडण्यात यावी. दोन्ही अंशदानाच्या रकमा प्रत्येक महिन्यात अनिवार्यरित्या वसूल करण्याची जबाबदारी संबंधित आहरण व संवितरण अधिकारी यांची राहिल. मंडळाच्या कर्मचाऱ्यांना राष्ट्रीय निवृत्तीवेतन योजना (NPS) कार्यन्वित झाल्यानंतर परिभाषित अंशदान निवृत्तीवेतन योजनेतर्गत बँक खात्यात जमा असणारी रक्कम राष्ट्रीय निवृत्तीवेतन योजनेमध्ये वर्ग करण्याची जबाबदारी सचिव, राज्यमंडळ यांची राहिल.

७. अंशदानाचा तपशील इलेक्ट्रॉनिक पद्धतीने (SCF द्वारे) केंद्रिय अभिलेख देखभाल अभिकरणाकडे पाठविणे:-मंडळ सेवेतील अधिकारी व कर्मचारी यांच्या अंशदानाच्या व नियोक्त्याच्या विहित अंशदानाच्या रकमेचा ताळमेळ घेतल्यानंतर सचिव, राज्यमंडळ यांनी संबंधित आहरण व संवितरण अधिकारी यांच्याकडून रक्कम प्राप्त झाल्यापासून आठ दिवसात वसुली संदर्भात अंशदानाच्या (कर्मचारी /अधिकारी व नियोक्त्याचे अंशदान यासह) आवश्यक ती संपूर्ण तपशील दर्शविणारी माहिती सबस्क्रायबर कॉट्रिब्युशन (SCF) FILE च्या स्वरूपात तयार करून केंद्रिय अभिलेख देखभाल अभिकरणाच्या संगणक प्रणालीमध्ये अपलोड करावी. याशिवाय आवश्यकतेनुसार सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यापेक्षा जास्तवेळा (SCF) तयार करून तो अपलोड करू शकतील. मात्र अशावेळी विश्वस्त बँकेकडे पाठवावयाच्या रकमा, व्यवहार क्रमांक (Transaction I D) प्राप्त झाल्यापासून पाच कामाच्या दिवसाच्या आत विश्वस्त बँकेकडे पाठविणे आवश्यक राहिल. अशाप्रकारे वसूल केलेल्या गुंतवणुकीकरिता नेमण्यात आलेल्या निवृत्तीवेतन निधी व्यवस्थापकांकडे पाठविण्यात येणार असल्याने सदर कालमर्यादा पाळण्याची जबाबदारी सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांची राहिल. केंद्रिय अभिलेख देखभाल अभिकरण अशा प्रत्येक फाईलकरिता एक व्यवहार क्रमांक (Transaction ID) देतील व तो सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांना कळवतील व त्याप्रमाणे रक्कम विश्वस्त बँकेकडे पाठविल्या जात आहेत याबाबतची खात्री करतील.

८. अंशदानाची रक्कम विश्वस्त बँकेकडे जमा करणे:-निवृत्तीवेतन निधी विनियामक व विकास प्राधिकरण (PFRDA) यांच्याकडून अक्सिस बँक (Axis Bank) या बँकेस महाराष्ट्र शासनाकरिता विश्वस्त बँक म्हणून नियुक्ता करण्यात आले आहे. वेळोवेळी निवृत्तीवेतन निधी विनियामक व विकास प्राधिकरण यांच्याकडून निश्चित केलेली बँक, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ यांच्याकरिता विश्वस्त बँक म्हणून काम करेल.

केंद्रिय अभिलेख देखभाल अभिकरण यांच्या संगणक प्रणालीमध्ये अपलोड केलेल्या सबस्क्रायबर कॉट्रिब्युशन/फाईल (SCF) मधील तपशीलामध्ये दर्शविण्यात आलेल्या सर्व कर्मचाऱ्यांची संपूर्ण रक्कम (कर्मचारी /अधिकारी व नियोक्त्याचे अंशदान यासह) सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांनी

इलेक्ट्रॉनिक पद्धतीने अथवा धनादेशाद्वारे विश्वस्त बँकेकडे हस्तांतरित करावी. त्यात केंद्रिय अभिलेख देखभाल अभिकरणाने दिलेल्या व्यवहार क्रमांकाची (Transaction ID) नोंद न चुकता करावी.

निवृत्तीवेतन निधी विनियामक व विकास प्राधिकरण (PFRDA) यांच्याकडून नियुक्त केल्या जाणाऱ्या व राज्य शासनाने यांकरिता नामनिर्देशित केलेल्या निवृत्तीवेतन निधी व्यवस्थापकाकडे (Pension Fund Manager-PFM) गुंतवणुकीकरिता सदरची रक्कम विश्वस्त बँकेकडून हस्तांतर करण्यात येईल.

९. **सेवाशुल्क :-** अ) या योजनेंतर्गत केंद्रिय अभिलेख देखभाल अभिकरणाकडून दिल्या जाणाऱ्या सेवेसाठी राज्य शासनाने त्यांचेशी केलेल्या करारानुसार सेवाशुल्क अदा करणे आवश्यक राहिल. केंद्रिय अभिलेख देखभाल अभिकरण सदर सेवांचे देयक सचिव, राज्यमंडळ यांचे नावे देतील. सदर सेवाशुल्क महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांच्याकडून दिले जाईल. यासाठीचा खर्च मंडळाने स्वतःच्या संकलित निधीतून भागविण्यात यावा.

ब) **ताळमेळ:-** या योजनेखालील रकमेचा मासिक व त्रैमासिक ताळमेळ मंडळाकडून विश्वस्त बँकेकडे पाठविलेल्या रकमांशी घेण्याची जबाबदारी सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे (डीटीओ) यांची राहिल. तसेच सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांच्याकडे हस्तांतरित केलेल्या रकमांचा ताळमेळ घेण्याची जबाबदारी सर्व आहरण व संवितरण अधिकारी यांची राहिल.

नियंत्रक कार्यालय त्यांच्याकडील माहिती प्रत्येक महिन्यात अद्ययावत करेल व जमा न झालेल्या रकमा (Miss Credits) न जुळणाऱ्या रकमा (Miss Matches) इत्यादीबाबतचे अहवाल (Exception Reports) तयार करून सदर रकमा जुळविण्यासाठी आवश्यक ती कार्यवाही करून त्याबाबतचा तपशील स्वतंत्रपणे ठेवतील. याशिवाय नियंत्रक कार्यालय खालील अभिलेखांचे जतन करतील.

- १) विश्वस्त बँकेकडे पाठविलेल्या निधीचे अभिलेखे व त्या पुष्ट्यर्थ विवरणे
- २) केंद्रिय अभिलेख देखभाल अभिकरणाकडून प्राप्त व्यवहार सांकेतांक तपशील, SCF इत्यादीची माहिती.

३) कर्मचाऱ्यांच्या नोंदणीचा तपशील, प्राप्त प्रान (PRAN) क्रमांकाचे वेतन आहरित करणे व त्याचीच अंशदाने पाठविण्याबाबतचे अभिलेखे तसेच या योजनेखालील रकमांचा मासिक व त्रैमासिक ताळमेळ नियंत्रक कार्यालयाकडून विश्वस्त बँकेत पाठविलेल्या रकमांशी घेण्याची जबाबदारी नियंत्रक कार्यालयाची राहिल. कर्मचाऱ्यांची नोंदणी संख्या, व PRAN , अंशदानाबाबतची SCF व CRA व्यवहार क्रमांक यानुषंगाने ताळमेळ पूर्ण करणे आवश्यक आहे. कोणत्याही परिस्थितीत व PRAN क्रमांक नसलेल्या कर्मचाऱ्यांचे अंशदान आहरित केले जाणार नाही. याची खात्री नियंत्रक अधिकारी यांनी करणे आवश्यक आहे. नियंत्रक अधिकारी यांच्याकडे कर्मचारी व मंडळ अंशदाने हस्तांतरित

केलेल्या रकमांचा ताळमेळ घेण्याची जबाबदारी संबंधित आहरण व संवितरण अधिकारी यांची राहिल. नियंत्रक अधिकारी यांनी बँक ताळमेळ घेणे आवश्यक राहिल.

ज्या कर्मचाऱ्यांच्या प्रकरणी प्रान (PRAN) क्रमांक प्राप्त झालेले नाहीत व ज्याच्या प्रणालीतील माहितीसाठी मिसिंग क्रेडीट /रकमांचे चुकीचे वर्गीकरण झाले आहे अशा प्रकरणी सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे यांच्याकडे संपर्क साधून झालेली चूक सुधारण्याची जबाबदारी संबंधित आहरण व संवितरण अधिकारी व कर्मचारी यांची राहिल. निवृत्तीवेतन निधी विनियामक व विकास प्राधिकरणाने (PFRDA) ठरवून दिलेल्या नियमाप्रमाणे व केंद्रिय देखभाल अभिकरणाने त्यांच्या संकेतस्थळावर उपलब्ध करून दिलेल्या सुविधेचा वापर करून सभासदांना तक्रारी करता येऊ शकतील.

१०) वजाती होणाऱ्या जादा/कमी अंशदानासंदर्भात अंमलात आणावयाची कार्यपद्धती:-

विहित केलेली १० टक्के (मूळ वेतन + त्यावरील महागाई भत्ता )अंशदानाची रक्कम कर्मचाऱ्यांच्या वेतन देयकातून दरमहा वसूल करणे आणि नियोक्त्याचे विहित अंशदान दरमहा जमा करणे याबाबतची सर्व जबाबदारी आहरण व संवितरण अधिकारी यांची राहिल. कर्मचाऱ्यांच्या खात्यात अंशदानापोटी जादा रक्कम जमा करण्यात आल्यास ती लगतच्या पुढील महिन्यात समायोजित करण्याकरिता तसेच कमी रक्कम जमा करण्यात आल्यास आवश्यक रक्कम लगतच्या पुढील महिन्यात जमा करण्याकरिता आहरण व संवितरण अधिकारी जबाबदार राहतील.

कर्मचाऱ्यांच्या राष्ट्रीय निवृत्तीवेतन योजनेच्या खात्यात जमा करण्यात येत असलेले अंशदान योग्य असल्याची खात्री दरमहा करण्याची व केंद्रिय देखभाल अभिकरणाने दिलेल्या सुविधांचा वापर करण्याची जबाबदारी कर्मचाऱ्यांची राहिल. त्यामध्ये काही त्रुटी आढळल्यास कर्मचाऱ्याने आहरण व संवितरण अधिकाऱ्यास लेखी निवेदन देणे आवश्यक आहे. जो कर्मचारी याप्रमाणे कार्यवाही करणार नाही त्याला भविष्यात कोणतीही तक्रार (कायदेशीर) करण्याचा अधिकार असणार नाही.

कर्मचाऱ्यांच्या कायम निवृत्तीवेतन खाते क्रमांकासंबंधिचे (PRAN) वार्षिक विवरण पत्र दरवर्षी केंद्रिय अभिलेख देखभाल अभिकरणाकडून संबंधित कर्मचाऱ्यास परस्पर पाठविण्यात येईल. तसेच, कोणत्याही वेळी संबंधित कर्मचाऱ्याच्या खात्यातील जमा रकमचा तपशील नोंदणी केलेल्या कर्मचाऱ्यास त्यांच्या संकेतस्थळावर पाहण्याची व्यवस्था केंद्रिय अभिलेख देखभाल अभिकरण उपलब्ध करून देईल.

मंडळाच्या कर्मचाऱ्यांना राष्ट्रीय निवृत्तीवेतन (NPS) योजना कार्यान्वित झाल्यानंतर अंशतः परतावे व सेवानिवृत्ती, स्वेच्छासेवानिवृत्ती, मृत्यू वा योजनेचे सदस्यत्व रद्द होणे व यामुळे देय होणारे योजनेचे लाभ याबाबत कार्यवाही निवृत्तीवेतन निधी विनियामक व विकास प्राधिकरण (PFRDA) यांनी ठरवून दिलेल्या निकषांप्रमाणे केंद्रिय अभिलेख देखभाल अभिकरणाकडे नियंत्रक अधिकारी यांचेमार्फत करता येईल व वेळोवेळीच्या सूचनांप्रमाणे कर्मचाऱ्यांना व त्यांच्या वारसांना लाभ देय ठरतील.



निवृत्तीवेतन निधी विनियामक व विकास प्राधिकरण (PFRDA) व राज्य शासनाने वेळोवेळी निर्गमित केलेले शासन निर्णय /परिपत्रके, नियम मंडळास वित्त विभागाच्या निर्देशानुसार लागू राहतील.

निवृत्तीवेतन निधी विनियामक व विकास प्राधिकरण (PFRDA), राष्ट्रीय निवृत्तीवेतन योजना विश्वस्त मंडळ (NPS Trust) व केंद्रिय अभिलेख अभिकरण (CRA) यांची संकेतस्थळे पुढीलप्रमाणे आहेत.

PFRDA :- [www.pfrda.org.in](http://www.pfrda.org.in)

CRA:-[www.https://cra.nsdl.com](https://cra.nsdl.com)

NPS Trust:- [www.npstrust.org.in](http://www.npstrust.org.in)

सदर शासन निर्णय वित्त विभागाच्या सहमतीने त्यांच्या अनौपचारिक संदर्भ क्र.५२/२०२०/सेवा-४, दिनांक २१/१०/२०२० अन्वये प्राप्त झालेल्या सहमतीनुसार निर्गमित करण्यात येत आहे.

सदर शासन निर्णय महाराष्ट्र शासनाच्या [www.maharashtra.gov.in](http://www.maharashtra.gov.in) या संकेतस्थळावर उपलब्ध करण्यात आला असून त्याचा संकेतांक २०२१०४२३१७४०३३७७२१ असा आहे. हा आदेश डिजीटल स्वाक्षरीने साक्षांकित करून काढण्यात येत आहे.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने.

( राजेंद्र पवार )

उपसचिव, महाराष्ट्र शासन

प्रति:-

१. मा.राज्यपाल, यांचे सचिव, राजभवन, मुंबई
२. मा.मुख्यमंत्री यांचे प्रधान सचिव, मंत्रालय, मुंबई.
३. मा. मंत्री (शालेय शिक्षण व क्रीडा) यांचे खाजगी सचिव, मंत्रालय, मुंबई
४. मा.राज्य मंत्री (शालेय शिक्षण) यांचे खाजगी सचिव, मंत्रालय, मुंबई
५. मा.अपर मुख्य सचिव (शालेय शिक्षण व क्रीडा विभाग), मंत्रालय, मुंबई.
६. प्रधान महालेखापाल (लेखापरीक्षा)-१ महाराष्ट्र, मुंबई
७. महालेखापाल (लेखा व अनुज्ञेयता)-१ महाराष्ट्र, मुंबई
८. महालेखापाल (लेखा व अनुज्ञेयता)-२ महाराष्ट्र, मुंबई
९. महालेखापाल (लेखापरीक्षा), महाराष्ट्र-१/२, मुंबई/नागपूर
१०. संचालक, लेखा व कोषागारे, मुंबई
११. उपसंचालक, राज्य अभिलेख देखभाल अभिकरण, नवीन प्रशासकीय भवन, ५वा मजला, मंत्रालयासमोर, मुंबई -३२
१२. अधिदान व लेखा अधिकारी, मुंबई
१३. स्थानिक निवासी लेखा परीक्षा अधिकारी, मुंबई

१४. वरिष्ठ कोषागार अधिकारी, पुणे
१५. जिल्हा कोषागार अधिकारी, पुणे/ नागपूर/ औरंगाबाद /ठाणे/ कोल्हापूर/ अमरावती / नाशिक/ लातूर/रत्नागिरी
१६. शिक्षण आयुक्त, महाराष्ट्र राज्य,पुणे.
१७. शिक्षण संचालक (प्राथमिक), माध्यमिक व उच्च माध्यमिक ),महाराष्ट्र राज्य, पुणे
१८. शिक्षण संचालक (माध्यमिक व उच्च माध्यमिक ),महाराष्ट्र राज्य, पुणे
१९. अध्यक्ष, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे
२०. सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे
२१. विभागीय सचिव, सर्व विभागीय मंडळे(पुणे/नागपूर/औरंगाबाद/मुंबई/ कोल्हापूर/अमरावती / नाशिक/लातूर/कोकण)
२२. वित्त विभाग (सेवा-४/व्यय-५/अर्थसंकल्प-८) मंत्रालय, मुंबई
२३. नियोजन विभाग, मंत्रालय, मुंबई
२४. सह सचिव/उपसचिव (विद्यार्थी विकास/अर्थसंकल्प), शालेय शिक्षण व क्रीडा विभाग, मंत्रालय, मुंबई.
२५. निवडनस्ती, (एसडी-२).



## **Annexure N1**

I/We hereby agree and declare that the information provided in the application, is complete and true.

I/We understand that there would be PFRDA approved *Terms and Conditions* on the CRA website *governing Nodal Office's use of I-Pin (to view and transact online) to access CRA / NPSCAN*. I/We agree to be bound by the said terms and conditions and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration/Undertaking being signed.

	<b>Signature of Authorised Signatory</b>
	<b>Name:</b> _____ <b>Place:</b> _____ <b>Designation:</b> _____ <b>Date:</b> _____
<b>Directorate of Treasury and Accounts Stamp</b>	

<b>(To be filled at CRA)</b>	<b>Received on</b> _____
	<b>Name of the officer:</b> _____
	<b>Signature of the officer:</b> _____
<b>CRA Stamp</b>	

### **Instructions for filling the form:**

1. The form is to be submitted to the address –, **NSDL e-Governance Infrastructure Limited, Central Recordkeeping Agency, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (West), Mumbai, Maharashtra, PIN- 400013**
2. Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
3. The form should be filled up completely. Details marked with (\*) are mandatory fields.
4. Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
5. AIN is Account Office Identification Number allotted by Income Tax Department.
6. Email ID should be official Email ID of the Directorate of Treasury and Accounts office & not of any individual person.  
Eg: [xyzcompany@rediffmail.com](mailto:xyzcompany@rediffmail.com)  
[xyzcompany@yahoo.com](mailto:xyzcompany@yahoo.com)
7. Kindly mention the DTA code, if allotted by respective State Governments / Union Territories/State Autonomous Bodies.
8. The application form in the prescribed format can be freely downloaded from the CRA website (<http://www.npscra.nsdl.co.in>).
9. For more information contact CRA at 022-24994200 or write to CRA at NSDL e-Governance Infrastructure Limited, Central Recordkeeping Agency, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (West) , Mumbai, Maharashtra, PIN- 400013

Signature of Authorised signatory

I/We hereby agree and declare that the information provided in the application, is complete and true.

I / We understand that there would be PFRDA approved **Terms and Conditions** on the CRA website ***governing Nodal Office's use of I-Pin (to view and transact online) & T-pin to access CRA / NPSCAN***. I /We agree to be bound by the said terms and conditions and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration/Undertaking being signed.

<b>DTO Stamp</b>						
	<b>Signature of Authorised signatory of DTO</b>					
	Name: _____			Place: _____		
<b>Designation: _____ Date: _____</b>						
<b>DTA Stamp</b>						
	<b>Signature of Authorised signatory of DTA</b>					
	Name: _____			Place: _____		
<b>Designation: _____ Date: _____</b>						
<b>DTA Reg. No.</b> (Allotted by CRA)						
(Refer instruction no.8)						
<b>Received on : _____</b> <b>Name of the officer : _____</b> <b>Signature of the officer : _____</b>						
<b>CRA Stamp</b>						

#### Instructions for filling the form:

- The form is to be submitted to the address - **NSDL e-Governance Infrastructure Limited, Central Recordkeeping Agency, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (West), Mumbai, Maharashtra, PIN-400013**
- Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word. **Details marked with (\*) are mandatory fields.**
- AIN is the Account Identification Number allotted by Income Tax Department.
- Email ID should be the official Email ID of the DTO & not of any individual person.  
Eg: [xyzcompany@rediffmail.com](mailto:xyzcompany@rediffmail.com)  
[xyzcompany@yahoo.com](mailto:xyzcompany@yahoo.com)
- If you are a DTO cum DDO there is no need for you to submit DDO registration Form ie N3 Form.**
- Kindly mention the DTO code allotted by the respective State Government / Union Territory/State Autonomous Bodies . If DTO code is less than six digits, prefix zeros to make a six digit number. For e.g.  

0	0	0	0	1	8
---	---	---	---	---	---
- Kindly mention DTA Reg. No. allotted by CRA to the Directorate of Treasury and Accounts.
- Form has to be duly authorised by DTA registered at CRA. Till it has been registered, it shall retain the forms.**
- The application form in the prescribed format can be freely downloaded from the CRA website (<http://www.npscra.nsdl.co.in>).
- For more information contact CRA at 022-24994200 or write to CRA at NSDL e-Governance Infrastructure Limited, Central Recordkeeping Agency, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (West), Mumbai, Maharashtra, PIN- 400013

**CENTRAL RECORDKEEPING AGENCY****DDO REGISTRATION FORM**

(To avoid mistake(s), please read the accompanying instructions carefully before filling up the form)

*This form is to be used for the purpose of registration of Drawing and Disbursing Office (DDO) and equivalent entities in State Governments and Union Territories./State Autonomous Bodies.*DDO Registration Number :  
(To be allotted by CRA)

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We are pleased to inform you that our Drawing and Disbursing Office has decided to join the New Pension System.  
The details required for registration in the CRA system are as provided below:

1. DDO TAN (Optional):

(Refer to instruction no.11)

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2. DDO Type: State Autonomous Body

√
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3. Name of the DDO Office\*:


4. DDO Address:

Flat/Unit No, Block no. \*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Premise/Building/Village

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Area/Locality/Taluka

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

District/Town/City \*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State / Union Territory \*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country \*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Pin Code \*

--	--	--	--	--	--

Phone No. \*

--	--	--	--	--	--

(STD code)

--	--	--	--	--	--	--	--

(Phone No.)

Alternate Phone No:

--	--	--	--	--	--

--	--	--	--	--	--	--	--

5. Official Email ID\* (Refer to instruction no.5)


6. Authorised contact persons designation \*:


7. Name of the Department:


DDO stamp and Signature of Authorised  
Signatory

8. (a) Name of the Ministry \*: (Refer to instruction no.6)


(b) Existing DDO Code: 

--	--	--	--	--	--	--

 (Refer instruction no. 7)9. DTO Registration Number\*: 

--	--	--	--	--	--	--

 (Refer instruction no.8)  
(To be filled by DTO)10. Name of the State Govt. / Union Territory\*: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I/We hereby agree and declare that the information provided in the application, is complete and true.

<b>DDO Stamp</b>		<b>Date:</b>  <b>Place:</b>
	<b>Signature of Authorised Signatory of DDO</b>	
<b>Name of Authorised Signatory :</b>		

<b>To be attested by DTO</b>		<b>Date:</b>  <b>Place:</b>  <b>Name of Authorised Signatory :</b>										
<b>DTO Stamp</b>												
	<b>Signature of Authorised Signatory</b>											
<b>DTO Reg. No. (Allotted by CRA)</b> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
(Refer instruction no.9)												

(To be filled at CRA)  <b>CRA Stamp</b>	<b>Received on</b> _____
	<b>Name of the officer:</b> _____
	<b>Signature of the officer:</b> _____



**Instructions for filling the form:**

1. The form is to be submitted to the address - NSDL e-Governance Infrastructure Limited, Central Recordkeeping Agency, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (West), Mumbai, Maharashtra PIN- 400013
2. Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
3. The form should be filled up completely. **Details marked with (\*) are mandatory fields.**
4. Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
5. Email ID should be the official Email ID of the Drawing and Disbursing Officer & not of any individual person.  
Eg; [xyzcompany@rediffmail.com](mailto:xyzcompany@rediffmail.com)  
[xyzcompany@yahoo.com](mailto:xyzcompany@yahoo.com)
6. Kindly provide Name of the Ministry under which DDO office is functioning.
7. Kindly mention the DDO code allotted by respective State Governments / Union Territories/State Autonomous Bodies.
8. Kindly mention DTO Registration No. allotted by CRA to the District Treasury Office.
9. **Form has to be duly authorised by DTO registered at CRA. Till it has been registered, it shall retain the forms.**
10. The application form in the prescribed format can be freely downloaded from the CRA website (<https://www.npscra.nsdl.co.in>).
11. TAN is the Tax Deduction and Collection Account Number allotted. by Income Tax Department. New TAN is a ten character alphanumeric number with the following structure:  
First four digits (Alphabets), Next Five digits (Numeric) and last digit (Alphabets).  
It is advisable that DDO verifies from the Income Tax website whether TAN has been allotted as per the new format.
12. For more information contact CRA at 022-24994200 or write to CRA at NSDL e-Governance Infrastructure Limited, Central Recordkeeping Agency, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (West), Mumbai, Maharashtra  
PIN- 400013

**Annexure S5**

**Covering letter for Subscriber Registration Application Forms  
(To be submitted by DDO in duplicate on official stationery)**

**To NSDL CRA,**

**From:**

**Date:**

**DDO Registration Number:**

**DDO Name and designation:**

**DDO's contact No.:**

Enclosed please find \_\_\_\_\_ (in words) number of  
Subscriber registration application forms, for the purpose of allotment of  
Permanent Retirement Account Number (PRAN).

I the authorized signatory, do hereby declare that what is stated above is correct and  
complete.

Yours faithfully,

\_\_\_\_\_  
Signature/Name of authorized signatory Acceptance Date and Stamp of FC branch  
Stamp of DDO

-----  
**Instructions:**

1. This covering letter is to be provided by the DDO along with the subscriber registration forms.
  2. The total number of forms per covering letter should not exceed 50. If the total subscriber registration forms exceed 50, kindly provide different covering letters.
  3. Please quote the correct DDO Reg.No. allotted by CRA. The forms are liable to be rejected if incorrect DDO Reg. No. is mentioned.
-

NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) - NSDL e-Governance Infrastructure Limited

Please select your category [ Please tick(✓) ]	Central Govt.	<input type="checkbox"/>	State Govt.	<input type="checkbox"/>
	Central Autonomous Body	<input type="checkbox"/>	State Autonomous Body	<input type="checkbox"/>
	All Citizen Model	<input type="checkbox"/>	Corporate Sector	<input type="checkbox"/>
	NPS Lite (GDS)	<input type="checkbox"/>		

Affix  
recent photograph of  
3.5 cm × 2.5 cm size /  
Passport size

To,  
National Pension System Trust.  
Dear Sir/Madam,  
I hereby request that an NPS account be opened in my name as per the particulars given below:

\* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)  
KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

KYC Number (if applicable)		Generated from Central KYC Registry
Retirement Adviser Code (If applicable)		

1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions)

Name of Applicant in full	Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input type="checkbox"/>
First Name*	
Middle Name	
Last Name	
Subscriber's Maiden Name (if any)	
Father's Name*	F i r s t M i d d l e L a s t
(Refer Sr. No. 1 of instructions)	
Mother's Name*	F i r s t M i d d l e L a s t
(Refer Sr. No. 1 of instructions)	
Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [ Please tick (✓) ]	<input type="checkbox"/>
Date of Birth*	d d / m m / y y y y (Date of Birth should be supported by relevant documentary proof)
City of Birth*	
Country of Birth*	
Gender* [ Please tick (✓) ]	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/> Nationality* Indian <input type="checkbox"/>
Marital Status*	Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others <input type="checkbox"/>
Spouse Name*	F i r s t M i d d l e L a s t
(Refer Sr. No. 1 of instructions)	
Residential Status*	Indian

2. PROOF OF IDENTITY (PoI)\* (Any one of the documents need to be provided along with the identification number)

Passport		Passport Expiry Date	d d / m m / y y y y
Voter ID Card		PAN Card	
Driving License		Driving License Expiry Date	d d / m m / y y y y
NREGA JOB Card			
Others	Name of the ID		Please refer Sr. No. 2 of the instructions.
UID (Aadhaar)	<input type="checkbox"/>	(UIDI [ Aadhaar] number not required.)	

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS.If you do not have PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

3. PROOF OF ADDRESS (PoA)\*

[ Please tick (✓), as applicable ]  
#Not more than 2 months old.  
Please refer Sr. No. 2 of the instructions

Correspondence Address

Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others  
Registered Lease/Sale agreement of residence/Municipal Tax Receipt  
#Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill

Permanent Address

Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others  
Registered Lease/Sale agreement of residence/Municipal Tax Receipt  
#Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill

4.1 CORRESPONDENCE ADDRESS DETAILS\*

Address Type*	Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified <input type="checkbox"/>
Flat/Room/Door/Block no.	Landmark
Premises/Building/Village	
Road/Street/Lane	
Area/Locality/Taluk	
City/Town/District	PIN Code
State/U.T.	C o u n t r y

4.2 PERMANENT ADDRESS DETAILS\*

☐ Tick (✓) in the box in case the address is same as above.

Address Type*	Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified <input type="checkbox"/>
Flat/Room/Door/Block no.	Landmark
Premises/Building/Village	
Road/Street/Lane	
Area/Locality/Taluk	
City/Town/District	PIN Code
State/U.T.	C o u n t r y

## 5. CONTACT DETAILS

Tel. (Off) (with STD code)	+									Tel. (Res): (with STD code)	+									
Mobile* (Mandatory)	+	9	1							(Mobile Number is required for communication and to get SMS alerts)										
Email ID																				

**6. OTHER DETAILS** ( Please refer to Sr no. 3 of the instructions )

- Occupation Details\* [ please tick(✓) ]
- Private Sector ☐ Public Sector ☐ Government Sector ☐ Professional ☐
- Self Employed ☐ Homemaker ☐ Student ☐ Others (Please Specify)
- Income Range (per annum) Upto 1 lac ☐ 1 lac to 5 lac ☐ 5 lac to 10 lac ☐ 10 lac to 25 lac ☐ 25 lac and above ☐
- Educational Qualifications Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Masters ☐ Professionals ( CA, CS, CMA, etc.) ☐
- Please Tick If Applicable Politically exposed person ☐ Related to Politically exposed Person ☐ (Please refer instruction no.3)

**7. SUBSCRIBER BANK DETAILS\*** ( Please refer to Sr no. 4 of the instructions )

(All the bank details are mandatory except MICR Code.)

Account Type [ please tick(✓) ]	Savings A/c	<input type="checkbox"/>	Current A/c	<input type="checkbox"/>
Bank A/c Number				
Bank Name				
Branch Name				
Branch Address				PIN Code
	State/U.T.			C o u n t r y
Bank MICR Code	IFS Code			

**8. SUBSCRIBERS NOMINATION DETAILS\*** (Nomination details are mandatory. Please refer to Sr. No . 5 of the instructions)

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately)

[illegible]

Relationship with the Nominee  Date of Birth (In case of Minor)   /   /

Nominee's Guardian Details (in case of a minor)

[illegible]

**9. NPS OPTION DETAILS** (Please tick (✓) as applicable)

**I would like to subscribe for Tier II Account also**    YES ☐ NO ☐ If Yes, please submit details in Annexure I.

(If you wish to activate Tier II account subsequently, you may submit separate application (Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of POP/POP-SPs rendering services under NPS and Annexure S10 is available on CRA website)

I would like my PRAN to be printed in Hindi YES ☐ NO ☐ If Yes, please submit details on Annexure II

**10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION\*** ( Please refer to Sr no. 6 of the instructions )

**(i) PENSION FUND SELECTION (Tier I) : Please read below conditions before opting for the choice of Pension Funds:**

1. **Government Sector:** The following Pension Funds (PFs) will act jointly as default PFs, if choice is not exercised by the government employee/subscriber (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd. In case of Central Autonomous Bodies (CAB)/ State Government (SG)/State Autonomous Bodies (SAB) employees, selection made under this section will be ignored, if choice to employees is not notified by the respective State Govt/Ministry.
2. **All Citizen Model:** Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below.
3. **Corporate Model:** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.
4. **NPS Lite:** NPS Lite is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.

Name of the Pension Fund (Please select only one)	Please Tick (✓)	Default Choice of Pension Funds
LIC Pension Fund Limited	<input type="checkbox"/>	Available in Government sector, if employee/subscriber does not exercise choice of PF
SBI Pension Funds Private Limited	<input type="checkbox"/>	
UTI Retirement Solutions Limited	<input type="checkbox"/>	
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>	
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>	
HDFC Pension Management Company Limited	<input type="checkbox"/>	
Aditya Birla Sun Life Pension Management Limited	<input type="checkbox"/>	

\* Selection of 01 Pension Fund is mandatory for All Citizen subscriber

## (ii) INVESTMENT OPTION

(Please Tick (✓) in the box given below showing your investment option).

Active Choice ☐ Auto Choice ☐

Please note:

1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
2. In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
3. In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

**(iii) ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected 'Active Choice' the investment option)**

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G - Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invits etc.
Specify %					100%	
Choices in Govt sector	Not available		Available	Not available	In case of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only	

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

**(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.**

Life Cycle (LC) Funds	Please Tick (✓) Only One	Choices in Govt sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 75		Not available	
LC 50		Available	
LC 25			

**11. DECLARATION ON FATCA\* (Foreign Account Tax Compliance Act) COMPLIANCE** (Please refer to Sr no. 7 of the instructions):**Section I\***US Person\* Yes ☐ No ☐**Section II\***

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Particulars	Country (1)	Country (2)	Country (3)
Country/countries of tax residency			
Address in the jurisdiction for Tax Residence	Address Line 1		
	City/Town/Village		
	State		
	ZIP/Post Code		
Tax Identification Number (TIN)/Functional equivalent Number			
TIN/ Functional equivalent Number Issuing Country			
Validity of documentary evidence provided (Wherever applicable)	dd / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy

"I certify that:

- It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules,
- the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence,
- I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.
- I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust
- I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date   /   /  Place : Name of subscriber 

**Signature/Thumb Impression\* of Subscriber in black ink**  
(\* LTI in case of male and RTI in case of females)

**12. DECLARATION BY SUBSCRIBER\*** ( Please refer to Sr no. 8 of the instructions )**Declaration & Authorization by all subscribers**

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed thereunder and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view details) & T-PIN.

**Declaration under the Prevention of Money Laundering Act, 2002**

I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Date 

Place :

**Signature/Thumb Impression\* of Subscriber in black ink**  
 (\* LTI in case of male and RTI in case of females)
**13. DECLARATION BY EMPLOYER****Applicable to Government Subscribers only****(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))**Date of Joining Date of Retirement Employee Code/ID (If applicable) PPAN (If applicable) 

Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.

Group of Employee (Tick as applicable) Group A ☐ Group B ☐ Group C ☐ Group D ☐Office Department Ministry DDO Registration Number DTO/PAO/CDDO/DTA/PrAO Registration Number Basic Pay Pay Scale 

It is certified that the details provided in this subscriber registration form by \_\_\_\_\_ employed with us, including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

Signature of the Authorised person (In the box above)		Rubber Stamp of the DDO (In the box above)	
Designation of the Authorised Person <input type="text"/>		Designation of the Authorised Person <input type="text"/>	
Name of the DDO <input type="text"/>		Name of DTO/PAO/CDDO/DTA/PrAO <input type="text"/>	
Deptt/Ministry <input type="text"/>		Date <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="/"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="/"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	

**14. DECLARATION BY EMPLOYER/ CORPORATE****Applicable to Corporate Subscribers only****(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))**Date of Joining Date of Retirement Employee Code/ID Corporate Regd. Number (CHO No.) Allotted by CRA CBO No. allotted by CRA 

Certified that the details provided in this subscriber registration form by \_\_\_\_\_ employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.

Date Place 

Signature of the Authorised person (In the box above)

Designation of the Authorised Person 

Rubber Stamp of the Corporate (In the box above)

### Applicable to NPS Lite Subscribers

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me by .....after (s)he has read the entries/ entries have been read over to her/him by me.

Signature of the Authorised person (In the box above)	Rubber Stamp of the Aggregator (In the box above)

Name of the Aggregator

NPS Lite Account Office (NL-AO) Registration Number  NPS Lite - Collection Centre (NL - CC) Registration Number

Membership No. allotted by Aggregator (if any)

Place  Date

Receipt No. (17 digits)	POP-SP Registration Number

Document accepted for date of Birth Proof:

Copy of PAN card submitted    YES ☐ NO ☐                      KYC Compliance    YES ☐ NO ☐

Documents Received:	(Originals Verified) Self Certified	(Attested) True Copies
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Identity Verification :	Done	
-------------------------	------	--

I/we hereby certify/confirm that Shri/Smt/Kum ..... is an existing KYC verified customer The above applicant is having an operative Bank/ Demat/Folio/.....account (specify nature of the account) having account number/client ID.....maintained at.....branch/office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules. I / We further confirm that the Savings Bank a/c of Sh/Smt/Kum ..... is not a 'Basic Savings Bank Deposit Account (applicable in case of Bank PoP)

To be filled by POP-SP		Name:										
		Designation: Place:										
POP-SP Seal	Signature of Authorized Signatory	Date <table border="1"> <tr> <td>d</td> <td>d</td> <td>/</td> <td>m</td> <td>m</td> <td>/</td> <td>y</td> <td>y</td> <td>y</td> <td>y</td> </tr> </table>	d	d	/	m	m	/	y	y	y	y
d	d	/	m	m	/	y	y	y	y			

[illegible]

Received at \_\_\_\_\_ Date 

d	d	/	m	m	/	y	y	y	y
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[illegible][illegible][illegible][illegible]

Date of Receipt of Application and Contribution Amount: 

d	d	/	m	m	/	y	y	y	y
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5 of 5



## INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

### General Guidelines

- (a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
- (b) In case, you mention the KYC number submission of proof for the same is necessary.
- (c) Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank or the application form is printed back to back.
- (d) The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- (e) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- (f) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (g) The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

S. No	Item No.	Item Details	Instructions																																																																
1	1	Personal Details	i. This Form is applicable only for Resident Indians. There is a separate Form for Non Resident Indians & Overseas Citizen of India. ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. iii. The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card.																																																																
		Spouse Name	If married, spouse name is mandatory.																																																																
		Father's Name	i. Father's name is mandatory. ii. If Father's name has more than 30 digits, you may fill Annexure II for the same.																																																																
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		Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.																																																																
2	2, 3 & 4	Identity, Correspondence & Permanent address details	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">S.No</th> <th style="width: 55%;">Proof of Identity (Copy of any one)</th> <th style="width: 5%;">S.No</th> <th style="width: 55%;">Proof of Address (Copy of any one)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Passport issued by Government of India.</td> <td>1</td> <td>Passport issued by Government of India</td> </tr> <tr> <td>2</td> <td>Ration card with photograph.</td> <td>2</td> <td>Ration card with photograph and residential address</td> </tr> <tr> <td>3</td> <td>Bank Pass book or certificate with Photograph.</td> <td>3</td> <td>Bank Pass book or certificate with photograph and residential address</td> </tr> <tr> <td>4</td> <td>Certificate of the POP for an existing customer.</td> <td>4</td> <td>Certificate of the POP for an existing customer.</td> </tr> <tr> <td>5</td> <td>Voters Identity card with photograph and residential address.</td> <td>5</td> <td>Voters Identity card with photograph and residential address</td> </tr> <tr> <td>6</td> <td>Valid Driving license with photograph</td> <td>6</td> <td>Valid Driving license with photograph and residential address</td> </tr> <tr> <td>7</td> <td>Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> <td>7</td> <td>Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.</td> </tr> <tr> <td>8</td> <td>PAN Card issued by Income tax department</td> <td>8</td> <td>Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> </tr> <tr> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India</td> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address</td> </tr> <tr> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> </tr> <tr> <td>11</td> <td>Identity card issued by Central/State government and its Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.</td> <td>11</td> <td>The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/ State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. 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3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.																																																																
4	7	Subscriber's Bank Details	For Tier I & Tier II account, bank details are mandatory and it should be supported by a documentary proof. Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank certificate or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. and IFS Code should be submitted.																																																																
5	8	Subscriber's Nomination Details	Nomination details are mandatory. In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/ Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.																																																																
6	10	Pension Fund (PF) Selection and Investment Option	Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class 'G' under 'Active Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto Choice'. In case a Government employee/subscribers does not exercise the choices of Pension Fund, their contributions will be allocated among 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SBI Pension Funds Pvt. Limited (iii) UTI Retirement Solutions Ltd.																																																																
7	11	Declaration by subscriber on FATCA Compliance	<p>Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India</p> <ul style="list-style-type: none"> <li>Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.</li> <li>Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)</li> <li>If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN)</li> <li>In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided</li> </ul>																																																																
8	12	Declaration by Subscriber	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females.																																																																

### General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.
- c) For more information / clarifications, contact CRA:

Website: <https://www.npscra.nsdl.co.in>  
 Call: 022-4090 4242  
 Address: Central Recordkeeping Agency (CRA)  
 NSDL e-Governance Infrastructure Limited  
 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,  
 Lower Parel (W), Mumbai - 400013



Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

- Please note:
- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
  - From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.